773-472-4146 p.3

Fill	this information to identify your gase:		
Date	approper C. PATT		
Debt	First Nacres Michie Plame	Lust Nurre	
Debt (Spor	2 h if ing) First Name Additio Name	Last Name	
Unite	St. as Bankruptcy Court for the: North	nern District of Illinois	
	iun ser		
(if kn	my		☐ Check if this is an
			amended filing .
Offi	∷ial Form B 3A		
Ap	lication for Individu	als to Pay the I	Filing Fee in Installments 12/14
	on plete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct		
inform			
	Specify Your Proposed Payment Timetable		
Par	Specify Your Proposed Payme	nt Timetable	
	iicl chapter of the Bankruptcy Code	☐ Chapter 7	
	y u choosing to file under?	☐ Chapter 11	
		Chapter 12	
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	ur ay apply to pay the filing fee in up to		
P	ri stallments. Fill in the amounts you pose to pay and the dates you plan to	You propose to pay	
l p	y t_em. Be sure all dates are business i_ys. Then add the payments you propose	. haudo	With the filing of the
•	ipa.	*	petition On or before this date MM//DD ! YYYY
la	fur ust propose to pay the entire fee no e ∍r1 an 120 days after you file this	s house	11/09/2015
a	hr http://pics.case.if the court approves your policition, the court will set your final		On or before this date
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İ	Total	s 310.000	◀ Your total must equal the entire fee for the chapter you checked in line 1.
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Pari	Sign Below		
By:	gning here, you state that you are unable to pay the full filing fee at once, that you want to pay the fee in installments, and that you ast indithat:		
	for must pay your entire filing fee before you make any more payments or transfer any more property to an attorney, bankruptcy petition		
	we arer, or anyone else for services in connection with your bankruptcy case.		
		•	nkruptcy, unless the court later extends your deadline. Your
_	let s will not be discharged until your entire fee is paid.		
-	f yi u do not make any payment when it is due, your bankruptcy case may be dismissed, and your rights in other bankruptcy proceedings gar be affected.		
×	Characa Kath		★ DOFN DADUOLOIN, OSO.
-	S nat re of Debtoy1	Signature of Debtor 2	Your attorney's name and signature, if you used one
	10/08/2015	Date	Date
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	il on : B3A	Application for Individuals t	c Pay the Filing Fee in Installments Z80999ZELL EE:6T L00Z/8T/Z0
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